



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

D2876

Job Sheet 197168



Part No: D2876

Job Qty: 40 pcs

Part Name: Saddle Spacer



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 7/2/19

Job Tracking No:

Created By: Marie Lajeunesse

Due Date: 7/26/19

Description:

Note: DWG REV B Esr Rev:B 00.05.19 Added inspect level 8 EC IPP Rev:C Now M6061-T6 06-06-23 JLM

Ship Via:

## Bill of Materials

## Job Routing

| Op No | Operation                     | Qty       | Start Date | Due Date | Standard  |         | Workcenter/Supplier      |           | Sign-off    |
|-------|-------------------------------|-----------|------------|----------|-----------|---------|--------------------------|-----------|-------------|
|       |                               |           |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier    | Lead Time |             |
| 100   | Waterjet - Flow - 1           | 40<br>pcs |            | 7/26/19  | 0.00      | 0.89    | Waterjet - Flow          |           | 02/19/08/29 |
| 120   | QC 8                          | 40<br>pcs |            | 7/26/19  | 0.00      | 0.00    | QC 8 - 12                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 14                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 17                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 20                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 25                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 3                 |           |             |
|       |                               |           |            |          |           |         | QC 8 - 32                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 33                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 35                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 39                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 4                 |           |             |
|       |                               |           |            |          |           |         | QC 8 - 44                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 45                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 49                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 58                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 8                 |           |             |
|       |                               |           |            |          |           |         | QC 8 - 9                 |           |             |
|       |                               |           |            |          |           |         | QC 8 - 68                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 67                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 1 (A)             |           |             |
|       |                               |           |            |          |           |         | QC 8 - 47                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 40                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 52                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 23                |           |             |
|       |                               |           |            |          |           |         | QC 8 - 57                |           |             |
| 140   | Handfinish - 1-1 Chemical-B4B | 40<br>pcs |            | 7/26/19  | 0.00      | 0.40    | Handfinish - 1 - 1 - B4B |           |             |
|       |                               |           |            |          |           |         | Handfinish - 1 - 2 - B4B |           |             |
|       |                               |           |            |          |           |         | Handfinish - 1 - 3 - B4B |           |             |
|       |                               |           |            |          |           |         | Handfinish - 1 - 4 - B4B |           |             |

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SEP 03 2019

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[Dart Hawkesbury] Job Sheet - Lajeunesse, Marie

|     |      |           |         |                           |           |
|-----|------|-----------|---------|---------------------------|-----------|
|     |      |           |         | Handfinish - 1 - 5 - B4B  |           |
|     |      |           |         | Handfinish - 1 - 6 - B4B  |           |
|     |      |           |         | Handfinish - 1 - 7 - B4B  |           |
|     |      |           |         | Handfinish - 1 - 8 - B4B  |           |
|     |      |           |         | Handfinish - 1 - 9 - B4B  |           |
|     |      |           |         | Handfinish - 1 - 10 - B4B |           |
|     |      |           |         | Handfinish - 1 - 11 - B4B |           |
|     |      |           |         | Handfinish - 1 - 12 - B4B |           |
|     |      |           |         | Handfinish - 1 - 13 - B4B |           |
|     |      |           |         | Handfinish - 1 - 14 - B4B |           |
|     |      |           |         | Handfinish - 1 - 15 - B4B |           |
|     |      |           |         | Handfinish - 1 - 16 - B4B |           |
|     |      |           |         | Handfinish - 1 - 17 - B4B |           |
|     |      |           |         | Handfinish - 1 - 18 - B4B |           |
|     |      |           |         | Handfinish - 1 - 19 - B4B |           |
|     |      |           |         | Handfinish - 1 - 20 - B4B |           |
|     |      |           |         | Handfinish - 1 - 21 - B4B |           |
|     |      |           |         | Handfinish - 1 - 22 - B4B |           |
| 150 | QC 7 | 40<br>pcs | 7/26/19 | 0.00 0.00                 | QC 7 - 10 |
|     |      |           |         |                           | QC 7 - 13 |
|     |      |           |         |                           | QC 7 - 14 |
|     |      |           |         |                           | QC 7 - 15 |
|     |      |           |         |                           | QC 7 - 17 |
|     |      |           |         |                           | QC 7 - 18 |
|     |      |           |         |                           | QC 7 - 19 |
|     |      |           |         |                           | QC 7 - 2  |
|     |      |           |         |                           | QC 7 - 28 |
|     |      |           |         |                           | QC 7 - 3  |
|     |      |           |         |                           | QC 7 - 30 |
|     |      |           |         |                           | QC 7 - 34 |
|     |      |           |         |                           | QC 7 - 36 |
|     |      |           |         |                           | QC 7 - 37 |
|     |      |           |         |                           | QC 7 - 41 |
|     |      |           |         |                           | QC 7 - 47 |
|     |      |           |         |                           | QC 7 - 48 |
|     |      |           |         |                           | QC 7 - 51 |
|     |      |           |         |                           | QC 7 - 58 |
|     |      |           |         |                           | QC 7 - 59 |
|     |      |           |         |                           | QC 7 - 60 |
|     |      |           |         |                           | QC 7 - 9  |
|     |      |           |         |                           | QC 7 - 68 |
|     |      |           |         |                           | QC 7 - 50 |
|     |      |           |         |                           | QC 7 - 67 |
|     |      |           |         |                           | QC 7 - 40 |
|     |      |           |         |                           | QC 7 - 24 |
|     |      |           |         |                           | QC 7 - 43 |
|     |      |           |         |                           | QC 7 - 61 |
|     |      |           |         |                           | QC 7 - 81 |

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|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         |                        |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|-------------------------|------------------------|----------|
| 160 Packaging 3-1 - Stock - B4B                                                                                                                                                                                                                                                                                  | 40<br>pcs          | 7/26/19              | 0.00 0.00               | Packaging 3 - 1 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 2 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 3 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 4 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 5 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 6 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 7 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 8 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 9 - B4B  |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 10 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 11 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 12 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 13 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 14 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 15 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 16 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 17 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 18 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 19 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 20 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 21 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 22 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 23 - B4B | PC ST013 |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 24 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 25 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 26 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 27 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 28 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 29 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 30 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 31 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 32 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 33 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 34 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 35 - B4B |          |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | Packaging 3 - 36 - B4B |          |
| 170 QC 21 - SA                                                                                                                                                                                                                                                                                                   | 40<br>pcs          | 7/26/19              | 0.00 0.00               | QC 21 - SA - 21        | 21       |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | QC 21 - SA - 70        | 0-00     |
|                                                                                                                                                                                                                                                                                                                  |                    |                      |                         | QC 21 - SA - 53        |          |
| Part Op 100 - 1-Cut as per Dwg D2876<br>Descriptions: 120 - (QC8- Inspect parts - second check)<br>140 - (Chemical Conversion Coat per QSI005 4.1)<br>150 - (QC7-Inspect Chemical Conversion Coat)<br>160 - (Identify as per dwg & Stock Location: _____)<br>170 - (QC21- Final Inspection - Work Order Release) |                    |                      |                         |                        |          |
| <b>Job BOM</b>                                                                                                                                                                                                                                                                                                   |                    |                      |                         |                        |          |
| Part / Item                                                                                                                                                                                                                                                                                                      | Component Name     | Quantity             | Operation               | Container              |          |
| M6061T6S.100                                                                                                                                                                                                                                                                                                     | 6061-T6 .100 Sheet | 2.0640 sf (.0516 ea) | 100-Waterjet - Flow - 1 | SO25678                |          |
| <b>Job Allocations</b>                                                                                                                                                                                                                                                                                           |                    |                      |                         |                        |          |
| Operation                                                                                                                                                                                                                                                                                                        | Component Part     | Required             | Inventory               | Allocated              |          |
| 100-Waterjet - Flow - 1                                                                                                                                                                                                                                                                                          | M6061T6S.100       | 2                    | 43                      | 0                      |          |

| Part Specifications |               |                                |                |          |                  |
|---------------------|---------------|--------------------------------|----------------|----------|------------------|
| Spec No             | Description   | Target/Tolerance               | Limits         | Type     | Special Comments |
| 1                   | Saddle Spacer | 0.980Inches ± 0.030            | 1.010<br>0.950 |          |                  |
| 2                   | Saddle Spacer | 1.000Inches ± 0.030            | 1.030<br>0.970 |          |                  |
| 3                   | Saddle Spacer | 0.257Inches + 0.005<br>- 0.000 | 0.262<br>0.257 | Diameter |                  |
| 4                   | Saddle Spacer | 3.360Inches ± 0.030            | 3.390<br>3.330 |          |                  |
| 5                   | Saddle Spacer | 2.480Inches ± 0.030            | 2.510<br>2.450 |          |                  |
| 6                   | Saddle Spacer | 0.555Inches ± 0.010            | 0.565<br>0.545 |          |                  |

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐



|                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                    |  |                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Job: _____<br>Part No. _____                                                                                                                                                                                                                                                                                                                                                 |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Scrap <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                                 |  | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Machining <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Large Fab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Cross tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Small Fab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Finishing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Engineering <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Water Jet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Supplier <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Quality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                    |  | Date: _____ Sequence #: _____                                                                                                                         |  | QTY Affected: _____                                                                                                                               |  | MRB (QS1042) _____                                                                                                                               |  |  |  |                                                                                                                                                   |  |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                    |  |                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
| Root Cause<br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                    |  |                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  | Pressure/Forced<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                    |  | Contamination<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |  |                                                                                                                                                   |  | Power Loss/Surge<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |  |  | Positioned Wrong<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  | Bending<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                    |  | Misaligned/off center<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                   |  | Folio/Program<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |  |  |  | Outside Tolerance<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  | Crushing<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                    |  | BOM/Route<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |  |                                                                                                                                                   |  | Grain Direction<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |  |  | Drawing<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           |  |  |  |
| Cracks<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                     |  | Broken/Damage/Defect<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Weld<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               |  |                                                                                                                                                       |  | Finish<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
| Crimp/Kink/Ripple/Wave/Twist<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                     |  | Incomplete/Unclear Instructions<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Wrong Stock Pulled<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                       |  | Part Lost/Missing<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
| Marks/Chatter<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                     |  | Drill Holes<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Out of Sequence<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |  |                                                                                                                                                       |  | Misread<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>           |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
| Mislabeled<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                     |  | Fit/Function<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Off-set/Set-up<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |  |                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
| Other/Details: _____                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                    |  |                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
| Completed By _____                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  | Lead hand / Supervisor _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                    |  |                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |
| QC / QA Coordinator _____                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                    |  |                                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                  |  |  |  |                                                                                                                                                   |  |  |  |